

INSTRUCTIONS: Read the description and instructions for Utility Deduction options number 1 through number 4 before selecting one option. If you have questions about which option is best for you, speak to your caseworker before signing and dating your statement. If you select one of the Standard Utility Allowances (SUA) none of your actual expenses can be included.

See reverse side for additional instructions.

Name of AC name
Name of AG payee
Case / Cat / Seq
ouse / out / ocq
Address
Effective date (month, day, year)

□ 1.	. I choose to include all current out-of-pocket utility expenses in my Food Stamp budget. This includes regularly billed expenses and one time installation charges, but not deposits. If I incur basic telephone expense, I will receive the telephone standard of \$27.00. I understand that I must provide verification of all actual expenses if I want them included in the budget.					
	If your utility company allows you to pay a budget, optional or an actual usage amount each month, tell us which amount you want included in your Food Stamp budget.					
	☐ Actual Usage	☐ Budget	☐ Optional	☐ Other (specif	<sup>r</sup> y)	
	If you share expenses please explain which bills and amounts are paid by each person. If you cannot tell us the amounts or bills paid by each person, all bills will be divided evenly among persons who pay. The telephone standard will be divided evenly among the Assistance Groups which share the basic cost.					
□ 2.					time. I am aware that I may have utility xpenses at any time in the future.	
NOTIO	penses with per hold must com	rsons who are no plete a separate	t in their Food Stan	np Assistance Group tatement. If more th	by groups who do not share utility exact. All Assistance Groups in the housean one Assistance Group pays utility	
□ 3.	I do not share exper instead of actual ex		the Standard Utility A	lowance (SUA) of \$37	8.00 per month in my Food Stamp budget	
	☐ I incur a primary	heating or cooling	expense more than o	ne month out of the ye	ear separate from my rent or mortgage.	
	☐ I received an Energy Assistance Payment within the past year at my current address.  I understand that I must provide verification of the above if requested by the caseworker.					
□ 4.	I do not share expenses and I choose the Standard Utility Allowance (SUA) of \$218.00 per month in my Food Stamp budget instead of actual expenses. This SUA includes costs for electricity and fuel for purposes other than heating or cooling, water, sewage, well and septic tank installation and maintenance, telephone and garbage or trash collection. I must have at least two of the above expenses which qualify me for this SUA. The expenses I have are:  and					
	I understand that I mus	t provide verification	of my statement if requ	ested or expenses will no	t be included in the Food Stamp budget.	
I understand that I must provide verification of my statement if requested or expenses will not be included in the Food Stamp budget.  Please sign and date this statement for your Assistance Group. An adult member or the Authorized Representative must sign.						
gnature of	applicant		Signature of witness if s	igned by an "X"	Date signed (month, day, year)	

Date reviewed (month, day, year)	Initials of caseworker	Initials of applicant
Date reviewed (month, day, year)	Initials of caseworker	Initials of applicant
Date reviewed (month, day, year)	Initials of caseworker	Initials of applicant

## **Instructions For Statement of Utility Deduction**

## A new statement is required when:

- the AG is reapplying after a break in Assistance of more than one month
- the AG selects another utility deduction option
- the AG has moved to another residence
- the person who signed the previous statement is no longer in the AG
- there is no statement found in the casefile

Because the AG's utility deduction must be reevaluated at each recertification, the previous statement must be reviewed and initialed by the interviewee and caseworker (CW) if the AG's choice and circumstances are unchanged.

When a change in circumstances (change in type of expenses incurred, eligibility for EAP or sharing arrangements) is not reported in person, the CW must complete the statement and forward it to the AG for signature. Because the AG cannot be required to complete or return the statement, the CW must continue processing the change as usual. Notice of adverse action must be given due to the loss of an SUA due to a change of residence or because expenses are shared.

The AG must not be penalized for failure to complete or return the form and the change (application or recertification) must be processed according to applicable time frames.

## **Default to SUA**

If the AG claims actual expenses in excess of the SUA at application / recertification but fails to provide verification of expenses within the required time period, the case must be authorized using the appropriate SUA if entitlement has been verified. When all actual expenses are later provided, the AG will be switched back to actual expenses.